MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-001195

STATE FILE NUMBER

FILED VS JAN 23 1961

AMENDED

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains — Length of stay in 1b: 25 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lebo Rte — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Howell
c. CITY OR TOWN West Plains — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Lebo Rte — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Marion Middle Glen Last Williams

4. DATE OF DEATH Month 1 Day 4 Year 1961

5. SEX M
6. COLOR OR RACE W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-12-1904
9. AGE (last birthday) 56
IF UNDER 1 YEAR Months — Days — IF UNDER 24 HR Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (City and state or country) McCoal Junction Mo
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Robert Williams
13b. MOTHER'S MAIDEN NAME Emma Kenyon
14. NAME OF HUSBAND OR WIFE Hazel Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. yes
17. INFORMANT Hazel Williams Address West Plains Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 2 yrs
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1959 to 1-4-61 and last saw him alive on 1-3-61
Death occurred at 3:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M D 9118
22b. ADDRESS West Plains Mo
22c. DATE SIGNED 1/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1/7/1961
23c. NAME OF CEMETERY OR CREMATORY Mt. Grove
23d. LOCATION (City, town, or county) Howell Co (State) Mo

24. FUNERAL DIRECTOR Robertson's ADDRESS West Plains Mo
25. DATE RECD. BY LOCAL REG. 1-20-61
26. REGISTRAR'S SIGNATURE Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

JAN 24 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed D D Robertson

Licensed Embalmer No. 3437

P. O. Address Fort Davis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.